



*Where Growth and Nature Thrive.*



# Employee Benefits Handbook

Plan Year July 1, 2020 thru June 30, 2021

*Enroll Online at [www.eelect.com](http://www.eelect.com)*

*Enrollment ID = **103026***

*Then follow the on screen instructions*

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Board of Commissioners' Office. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to: [www.msibg.com](http://www.msibg.com)

Click on "Client Portal" at the top right of your screen

**Username: harrisEE**

**Password: Benefits123**

## ELIGIBILITY

**Newly hired full-time employees are eligible for benefits on the first day of the month following 60 days of employment.** Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Dependent children are eligible up to age 26. All group health plans are now required by law to collect and supply to the Centers for Medicare Services the Social Security Numbers (SSN) of both employees and dependents on coverage. Please remember to bring this information with you to your enrollment.

## CHANGES

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health, dental, vision insurance premiums and FSA contributions are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations).

***If you have a status change during the year you must notify the Board of Commissioners' Office within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.*** Please contact the Board of Commissioners' Office at (706) 628-4958 if you have any questions regarding the open enrollment period or changes.

# MESSAGE FROM THE CHAIRMAN



To: All Full Time Employees  
From: Chairman Langston  
Subject: Employee Benefits

Harris County appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This handbook is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this handbook as well as contact information for a variety of resources.

Thank you for all of your hard work!

Becky Langston  
Chairman  
Harris County

## BOARD OF COMMISSIONERS



**Andrew Zuerner**  
Vice-Chairman  
District 1



**Robert Grant**  
District 2



**Harry Lange**  
District 4



**Susan Andrews**  
District 5

The Board of County Commissioners is composed of five members elected by the voters through district elections for four-year staggered terms. The Board selects a Chairman and Vice-Chairman every January. The Board, as the county's governing authority, is responsible for establishing policy for county operations, enacting ordinances and resolutions to promote the county's health, safety, and welfare, and approving the annual budget and millage rate which funds the operations of the departments under the Board's jurisdiction, other elected officials, and various outside agencies. The Board appoints a county manager to supervise the day-to-day operations of the county.

# MEDICAL BENEFITS AT A GLANCE



Harris County offers a health plan option through Cigna. The plan includes a \$6,600 Individual Deductible (with a maximum of \$13,200 for family) and is an Open Access Plus plan. The plan includes a Health Reimbursement Arrangement (HRA) which reimburses you and any covered dependents the last \$5,600 of your calendar year medical deductible (maximum potential reimbursement for family is \$11,200).

OPEN ACCESS PLUS	
<b>IN-NETWORK</b>	
Individual Annual Deductible	\$6,600
Family Annual Deductible	\$13,200
Coinsurance	Member Pays 0%
Individual Out-of-Pocket Maximum	\$7,150
Family Out-of-Pocket Maximum	\$14,300
Primary Care Physician Visits	\$25 copay
Specialist Physician Visits	\$50 copay
Telehealth Connection	\$10 copay
Preventive Care Services	Member Pays 0%
Urgent Care Services	\$60 copay
Emergency Room Services	\$150 copay
<b>OUT-OF-NETWORK</b>	
Individual Annual Deductible	\$10,000
Family Annual Deductible	\$20,000
Coinsurance	Member Pays 30% Plan Pays 70%
Individual Out-of-Pocket Maximum	\$19,050
Family Out-of-Pocket Maximum	\$38,100
<b>PRESCRIPTION DRUG COPAYS</b>	
Deductible	None
<b>Retail (per 30 day supply)</b>	
Generic	\$15
Preferred Brand	\$35
Non-Preferred Brand	\$60
<b>Retail and Home Delivery (per 30 day supply)</b>	
Specialty	You pay 20% subject to a maximum of \$300
<b>Retail and Home Delivery (per 90 day supply)</b>	
Generic	\$15
Preferred Brand	\$70
Non-Preferred Brand	\$180

<b>EMPLOYEE MEDICAL DEDUCTIONS</b>	
Bi-Weekly (26 deductions per Year)	
MEMBERS COVERED	EMPLOYEE COST
Employee Only	\$ 0.00
Employee + Spouse	\$136.82
Employee + Child(ren)	\$123.79
Employee + Family	\$234.53



## Want to check if your doctor is in the Cigna OAP network before you enroll?

Just go to [Cigna.com](http://Cigna.com) and click on “Find a Doctor, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.

## Added convenience and support

- › **Online doctor visits** Through Cigna Telehealth Connection, you can connect with doctors and behavioral health professionals by phone or video chat without leaving home or work. This nonemergency care is available 24/7.
- › **Cigna Health Information Line** With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it’s reviewing home treatment options, following up on a doctor’s appointment, or choosing and finding the right care in the right setting.
- › **Live, 24/7 customer service** Customer service representatives are here for you where and when you need us – over the phone, via chat at [myCigna.com](http://myCigna.com) or on the myCigna® App.
- › **The myCigna website and app** On [myCigna.com](http://myCigna.com) and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:
  - Manage and track claims
  - See cost estimates for medical procedures
  - Compare quality information for doctors and hospitals
  - Track your account balances and deductibles
  - Use the easy health and wellness tools
  - Print a temporary ID card



# MEDICAL BENEFIT SUMMARY

	In-Network	Out-of-Network
<b>Covered Services</b>		
<b>Calendar Year Deductible</b>		
Individual	\$ 6,600	\$10,000
Family	\$13,200	\$20,000
<b>Coinsurance - Plan Pays</b>	<b>100%</b>	<b>70%</b>
<ul style="list-style-type: none"> <li>Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.</li> <li>Benefit copays/deductibles always apply before plan deductible and coinsurance.</li> <li>Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.</li> <li>3-month Carryover Deductible provision included but does not credit the out-of-pocket amount.</li> </ul>		
<b>Calendar Year Out-of-Pocket Maximum</b>		
Individual	\$ 7,150	\$19,050
Family	\$14,300	\$38,100
<ul style="list-style-type: none"> <li>Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum.</li> <li>Plan deductible contributes towards your out-of-pocket maximum.</li> <li>All benefit copays/deductibles contribute towards your out-of-pocket maximum.</li> <li>Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.</li> <li>After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.</li> <li>This plan includes a combined Medical/Pharmacy out-of-pocket maximum.</li> </ul>		
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Physician Services</b>		
<b>Primary Care Physician (PCP) Services/ Office Visit</b>	\$25 copay	Plan pays 70% after deductible
<b>Specialty Care Physician Services / Office Visit</b>	\$50 copay	
<b>Surgery Performed in Physician's Office</b>	\$25 copay	
<b>Cigna Telehealth Connection services</b>	\$10 copay	Not Covered
<ul style="list-style-type: none"> <li>Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)</li> <li>Telehealth services rendered by providers that are not contracted medical telehealth providers (as described on myCigna.com) are covered at the same benefit level as the same services would be if rendered in-person.</li> </ul>		
<b>Preventive Care</b>		
<b>Preventive Care Office Visit</b>	Plan pays 100%	Plan pays 70%
<b>Preventive Services</b>	Plan pays 100%	Plan pays 70%
<ul style="list-style-type: none"> <li>Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.</li> </ul>		
<b>Immunizations</b>	Plan pays 100%	Plan pays 70%
<b>Inpatient</b>		
<b>Inpatient Hospital Facility Services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
<b>Inpatient Hospital Physician's Visit / Consultation</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Inpatient Professional Services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		
<b>Outpatient</b>		
<b>Outpatient Facility Services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient Professional Services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		
<b>Emergency Services</b>		
<b>Emergency Room</b>	\$150 copay	
<ul style="list-style-type: none"> <li>Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)</li> <li>Per visit copay is waived if admitted</li> </ul>		
<b>Urgent Care Facility</b>	\$60 copay	
<ul style="list-style-type: none"> <li>Includes Physician Charges, Lab and Radiology</li> </ul>		
<b>Ambulance</b>	Plan pays 100% after deductible	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered		
<b>Inpatient Services at Other Health Care Facilities</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<ul style="list-style-type: none"> <li>Annual Limit: 60 days</li> </ul>		
<b>Laboratory Services</b>		
<b>Physician's Services/Office Visit</b>	\$25 copay and plan pays 100%	Plan pays 70% after deductible
<b>Independent Lab</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient Facility</b>	Plan pays 100% after deductible	Plan pays 70% after deductible

# MEDICAL BENEFIT SUMMARY



	In-Network	Out-of-Network
<b>Radiology Services</b>		
<b>Physician's Services/Office Visit</b>	\$25 copay and plan pays 100%	Plan pays 70% after deductible
<b>Outpatient Facility</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Advanced Radiological Imaging (ARI)</b>		
<b>Outpatient Facility</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Physician's Services/Office Visit</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient Short Term Rehabilitation</b>		
<b>Outpatient Physical Therapy</b>	\$50 copay and plan pays 100%	Plan pays 70% after deductible
Annual Limits: <ul style="list-style-type: none"> <li>Physical Therapy - 20 visits</li> <li>Limits are not applicable to mental health conditions</li> </ul> NOTE: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum		
<b>Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy</b>	\$50 copay and plan pays 100%	Plan pays 70% after deductible
Annual Limits: <ul style="list-style-type: none"> <li>Speech, Hearing and Occupational Therapies - 20 visits</li> <li>Limits are not applicable to mental health conditions for Speech and Occupational Therapies.</li> </ul> NOTE: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum		
<b>Chiropractic Care</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
Annual Limit: <ul style="list-style-type: none"> <li>Chiropractic Care - 20 visits</li> </ul>		
<b>Hospice</b>		
<b>Inpatient Facilities</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient Facilities</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
NOTE: Includes Bereavement counseling provided as part of a hospice program		
<b>Medical Specialty Drugs</b>		
<b>Outpatient Facility</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Physician's Office</b>	Plan pays 100%	Plan pays 70% after deductible
NOTE: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges		
<b>Home</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Family Planning</b>		
<b>Women's Services</b>	Plan pays 100%	Plan pays 70% after deductible
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
<b>Men's Services</b>	Not Covered	Not Covered
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
<b>Abortion</b>		
<b>Abortion Services</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
NOTE: Non-elective procedures only		
<b>Infertility</b>		
<b>Infertility Treatment</b>		
NOTE: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		
<b>Other Health Care Facilities/Services</b>		
<b>Home Health Care</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
• Annual Limit: 120 visits (The limit is not applicable to mental health and substance use disorder conditions.)		
<b>Organ Transplants</b>	Covered same as Inpatient benefit	Covered same as Inpatient benefit up to the following transplant maximums: Bone Marrow - \$130,000 Heart - \$150,000 Heart/Lung - \$185,000 Kidney - \$80,000 Kidney/Pancreas - \$80,000 Liver - \$230,000 Lung - \$185,000 Pancreas - \$50,000
• Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. • Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: Unlimited maximum per Transplant per Lifetime		
<b>Durable Medical Equipment and External Prosthetic Appliances</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
• Annual Limit: Unlimited		
<b>Breast Feeding Equipment and Supplies</b>	Plan pays 100%	Plan pays 70% after deductible
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician • Includes related supplies		
<b>Temporomandibular Joint Disorder (TMJ)</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
• Annual Limit: Unlimited for Surgical and Non-Surgical Treatment		
NOTE: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment		
<b>Hearing Aids</b>	Plan pays 100% after deductible	Plan pays 70% after deductible



# MEDICAL BENEFIT SUMMARY

	In-Network	Out-of-Network
<b>Mental Health and Substance use Disorder</b>		
<b>Inpatient mental health</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient mental health - Physician's Office</b>	\$50 copay then plan pays 100%	Plan pays 70% after deductible
<b>Outpatient mental health - all other services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Inpatient substance use disorder</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
<b>Outpatient substance use disorder - Physician's Office</b>	\$50 copay then plan pays 100%	Plan pays 70% after deductible
<b>Outpatient substance use disorder - all other services</b>	Plan pays 100% after deductible	Plan pays 70% after deductible
Annual Limits:		
<ul style="list-style-type: none"> <li>Unlimited maximum</li> </ul>		
Notes:		
<ul style="list-style-type: none"> <li>Inpatient includes Residential Treatment</li> <li>Outpatient includes Individual, Intensive Outpatient and Group Therapy; also Partial Hospitalization</li> </ul>		

<b>Pharmacy</b>		
<b>Pharmacy Cost Share</b> <ul style="list-style-type: none"> <li>Retail – up to 90-day supply (except Specialty up to 30-day supply)</li> <li>Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)</li> </ul>	<b>Retail (per 30-day supply):</b> Generic: You pay \$15 Preferred Brand: You pay \$35 Non-Preferred Brand: You pay \$60  <b>Retail and Home Delivery (per 30-day supply):</b> Specialty: You pay 20% up to a maximum of \$300  <b>Retail and Home Delivery (per 90-day supply):</b> Generic: You pay \$15 Preferred Brand: You pay \$70 Non-Preferred Brand: You pay \$180	You pay same as In-Network
<ul style="list-style-type: none"> <li>Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.</li> <li>Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.</li> <li>Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.</li> <li>When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).</li> <li>Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.</li> </ul>		

<b>Drugs Covered</b>
<b>Prescription Drug List:</b> Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to <a href="http://myCigna.com">myCigna.com</a> . Some highlights: <ul style="list-style-type: none"> <li>Coverage includes Self Administered injectable drugs, but excludes infertility drugs.</li> <li>Contraceptive devices and drugs are covered with federally required products covered at 100%.</li> <li>Insulin, glucose test strips, lancets, insulin needles &amp; syringes, insulin pens and cartridges are covered.</li> </ul>

<b>Pharmacy Program Information</b>
<b>Pharmacy Clinical Management: Essential</b> Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including: <ul style="list-style-type: none"> <li>Prior authorization requirements.</li> <li>Step Therapy on select classes of medications and drugs new to the market</li> <li>Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits</li> <li>Age edits, and refill-too-soon edits</li> <li>Plan exclusion edits</li> <li>Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.</li> <li>Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.</li> <li>For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.</li> </ul>

<b>Patient Assurance Program</b>
Your plan includes the Patient Assurance Program which waives the deductible and reduces the amount you owe for certain diabetic insulin medication. Additionally: <ul style="list-style-type: none"> <li>Any amount you pay for certain diabetic insulin medications only counts toward meeting your out-of-pocket maximum.</li> <li>Any discount provided by a pharmaceutical manufacturer for certain diabetic insulin medications only counts toward meeting your out-of-pocket maximum.</li> </ul>

<b>Clinical Outcome Programs:</b>
<ul style="list-style-type: none"> <li>Your plan includes Narcotic Therapy Management to identify unusual medication use patterns and offers physicians a comprehensive view of your overall treatment history.</li> </ul>

<b>Additional Information</b>
<b>Cigna Diabetes Prevention Program in collaboration with Omada</b> Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The County's medical plan includes a self-administered Health Reimbursement Arrangement (HRA). Each employee and covered dependent is automatically enrolled. The HRA amount is \$5,600 on the backend of your annual medical deductible of \$6,600 regardless of which plan you select (each plan has the same deductible).

## **HOW DOES THE HRA WORK?**

The annual calendar year deductible for major medical services is \$6,600. To assist employees who meet any amount over \$1,000, the County is funding a Health Reimbursement Arrangement (HRA) that will reimburse each covered person the last \$5,600 per calendar year.

MEDICAL DEDUCTIBLE	HRA AMOUNT	COINSURANCE	YOUR NET DEDUCTIBLE
\$6,600	\$5,600	100%	\$1,000

If you cover family members on your medical plan the HRA works the same with them as well. The maximum family deductible is \$13,200 with a maximum potential reimbursement of \$11,200 per calendar year.

## **WHAT EXPENSES ARE COVERED UNDER AN HRA?**

- Harris County will reimburse the last **\$5,600 of your \$6,600** medical insurance deductible.

## **HOW ARE EXPENSES REIMBURSED?**

In order to receive reimbursement, you must provide the County with a completed Claim Form and Explanation of Benefits (EOB):

- A completed Claim Form and EOB can be **mailed** to:  
Attn: HRA Claim  
Harris County Board of Commissioners  
P.O. Box 365  
Hamilton, GA 31811
- Or **hand delivered** to:  
Attn: HRA Claim  
Harris County Board of Commissioners  
104 N. College Street  
Hamilton, GA 31811

A check will be issued to you once the claim form and EOB have been approved and processed.

## **WHAT IS AN EOB?**

An Explanation of Benefits (EOB) is a form or document that is sent to you by BCBSGA after you had a healthcare service that was paid by the insurance company. Your EOB gives you information about how an insurance claim from a health provider (such as a doctor or hospital) was paid on your behalf. An EOB has the following information: Name of patient who received service, Claim Number, Provider, Type of Service, Date of Service, the amount of payment actually made to your provider and how much of your annual deductible has been met. The EOB is required in order for you to receive reimbursement from the HRA.

## **WHERE DO I FIND A REIMBURSEMENT FORM?**

There is a reimbursement form included in your open enrollment packet. You may request additional forms by contacting the Board of Commissioners' Office.

**\*PLEASE NOTE: All claim forms must be submitted before March 31<sup>st</sup> of each year in order to be considered for reimbursement. This means that you must submit your HRA claim form for incurred expenses in 2020 before March 31, 2021 in order to be considered for reimbursement.**

# WELCOME TO CIGNA

Make the most of your plan with this quick guide



Your life is busy, but that doesn't mean it has to be complicated. At Cigna, we want to help. That's why we offer programs and services to help make it easier to be your healthiest – both body and mind.

Get to know your plan. The more you learn, the better prepared you can be to make choices about your health and health spending.



Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company.



## myCigna

On **myCigna.com** and through the myCigna app, you can:

- › Find in-network doctors and medical services
- › Review coverage
- › Manage and track claims
- › View, print, fax ID card
- › See cost estimates for medical procedures and prescription drugs
- › Compare quality-of-care information for doctors and hospitals
- › Compare prescription costs for 30-and 90-day medications and see if a lower-cost drug alternative is available
- › Find retail pharmacies that offer a 90-day supply
- › Access a variety of health and wellness tools and resources
  - Health assessment
  - Apps & Activities. Set and track your health goals
  - My Health Assistant digital lifestyle coaching
- › Sign up to receive alerts when new plan documents are available



## 24/7/365 service

We're here when you need us. Just call the toll-free number on the back of your Cigna ID card, for live customer assistance anytime, day or night.

- › Get answers to health, claims and benefit questions
- › Order an ID card, update plan information and check claim status
- › Talk with a licensed pharmacist anytime, day or night
- › Talk with a clinician for help deciding where and when you should get treatment
- › Find a health advocate for help improving specific health issues



## Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds, and pharmacists, are specially trained to help with your specific needs.

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with medication approval process
- › Financial assistance programs, if needed

For more information call **800.351.3606**.



## Preventive care

Getting and staying healthy is important. That's why eligible preventive care services are covered at no additional cost to you when you receive them from a doctor who participates in your plan's network. Covered preventive care services include, but are not limited to<sup>3</sup>:

- › Screenings for blood pressure, cholesterol and diabetes
- › Clinical breast exams and mammograms
- › Pap tests
- › Testing for colon cancer

Your physical and emotional health are connected. So, when you go for your annual check-up, be sure to talk with your doctor about what you're feeling both physically and emotionally.

Go to **myCigna.com** to see a full list of services covered under preventive care.



## Health Information Line

Speak with a clinician who can help you understand and make informed decisions about health issues you are experiencing, at no extra cost.

Get help to choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network. Just call the number on your Cigna ID card anytime day or night.



### Online doctor visits

#### Amwell and MDLIVE

Connect with a board-certified doctor via video chat or phone, from your home, office or on the go, 24/7/365, including weekends and holidays.<sup>1</sup> You can get the care you need – including most prescriptions (when appropriate) – for many minor conditions. Your out-of-pocket cost is typically the same or less than a visit with your primary care provider.<sup>1</sup>

Use an Amwell or MDLIVE doctor for minor conditions.

- › Allergies
- › Asthma
- › Bronchitis
- › Colds and flu
- › Ear infections
- › Headaches
- › Insect bites
- › Joint aches and pains
- › Nausea and vomiting
- › Pink eye
- › Poison ivy
- › Rashes
- › Respiratory infections
- › Sinus infections
- › Sore throats

#### Register today.

Once you do you'll be ready to get care – when and where you need it.

Download the vendor apps,<sup>3</sup> or register online or by phone.

**AmwellforCigna.com | 855.667.9722**

**MDLIVEforCigna.com | 888.726.3171**



### Behavioral health – online and in person

For behavioral health and substance use care, get access to quality care that's convenient too. You have access to the Cigna Behavioral Health network of providers. To find online care:

- › Go to **myCigna.com** > Find Care & Cost. Search for “Virtual Counselor” under “Doctor by Type”
- › Call to make an appointment with your selected provider

Online visits with Cigna Behavioral Health network providers cost the same as an in-office visit. Costs vary by plan.<sup>4</sup>



### In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at **myCigna.com**.



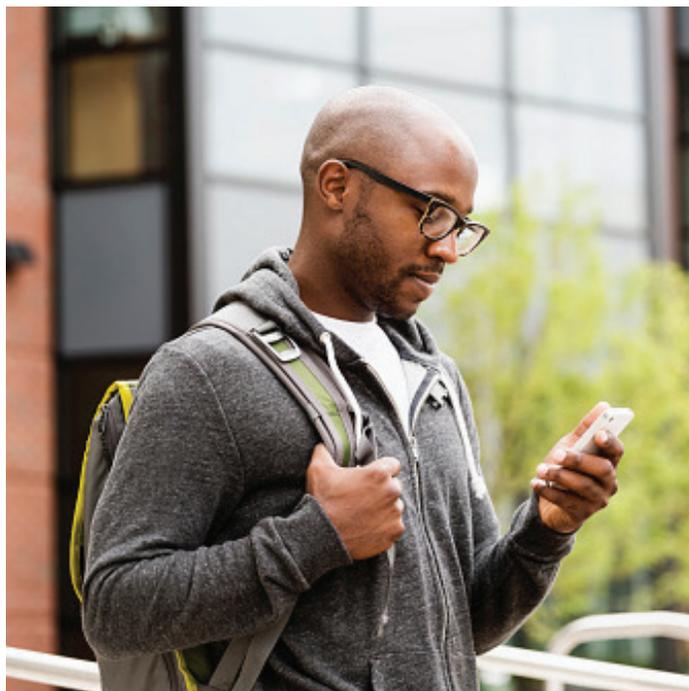
### Care management programs

Personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- › Control stress
- › Lose weight and eat better
- › Enjoy exercise
- › Quit tobacco
- › Manage diabetes, COPD, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > My Health Assistant – Online Coaching Program



## TIPS TO HELP YOU SAVE MONEY

1

### Prescription drugs

- › Find the complete list of covered medications on **myCigna.com**
- › Generics offer the best value
- › Know what brand-name drugs are covered in your plan
- › Consider a 90-day supply of prescription drugs you take on a regular basis so you're less likely to miss a dose

2

### Know where to go for care

- › Use an emergency room for true emergencies
- › Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- › Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

3

### Health care provider choice

- › Know which providers are in your network. Go to **myCigna** > Find Care & Costs
- › You can also connect with a board-certified doctor via video chat or phone, 24/7/365<sup>1</sup>
- › Use in-network national labs to help save money

4

### Be proactive in your health

- › Use the health improvement tools available to you
- › Get information on the cost of medications and treatments to avoid surprises
- › Use your preventive care benefits, learn your core health numbers and get more information at **Cigna.com/TakeControl**

### Find your way to better health.

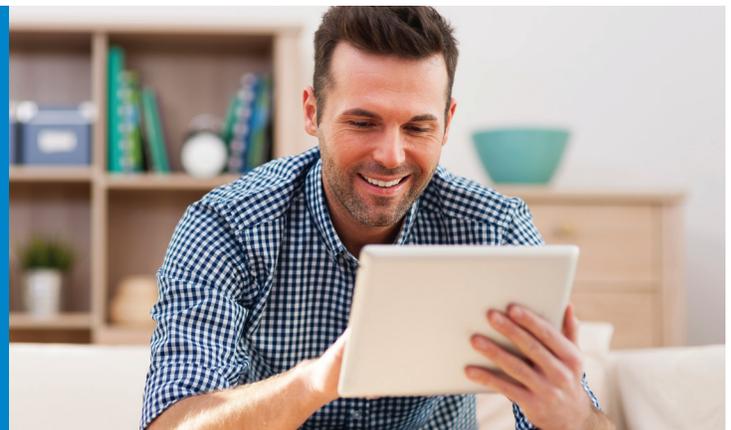
Get more information on all the programs that are available to you.



Visit **myCigna.com**.



Call the 24/7 customer service number on the back of your ID card.



1. Amwell and MDLIVE are independent companies/entities and are not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by Amwell and MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Video chat may not be available in all areas or with all providers. Amwell/MDLIVE services are separate from your health plan's provider network and may not be available in all areas. A primary care provider referral is not required for Amwell/MDLIVE services.

2. Coverage for preventive care may vary, depending on the terms of your specific medical plan. Actual covered services may vary, depending on your age, gender and medical history. Not all preventive care services are covered. For example, immunizations for travel are generally not covered. For a complete list of covered preventive care services, contact your Cigna representative.

3. The downloading and use of any mobile app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

4. Plans vary, please check your plan materials for more information on what is covered under your plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and complete details of coverage, see your plan documents. Providers that participate in the Cigna network are not agents of Cigna and are solely responsible for any treatment provided.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al., (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.



## MotivateMe - Health & Wellness Incentive Program

Harris County is providing financial rewards for the healthy actions you and covered spouses take through Cigna and their MotivateMe program. The goal is to keep you motivated to get your annual checkup, know your key health numbers and, ultimately, take control of your health.

**The deadline to complete all activities for earning rewards is 6/30/2021**

**Don't Forget to Redeem Your Rewards!** Gift Card Rewards are eligible to be redeemed once earned! Employees and Spouses are eligible for this program. Log onto [MyCigna.com](http://MyCigna.com) to get started.

**Below are some of the simple activities you can complete to start earning rewards.**

MotivateMe Incentive Activities	Reward Value
<p><b>Annual Preventive Care Physical OR Annual OB/GYN Preventive Exam:</b> A preventive exam is used to reinforce good health and address potential and chronic problems. Cigna medical plans cover annual checkups at 100% when received from an in-network physician.</p> <ul style="list-style-type: none"> <li>• The reward is triggered by completion of an annual Preventive Care Physical OR annual OB/GYN Well-Woman Preventive Exam, whichever is completed first.</li> <li>• Once the claim has been processed, it will take up to 3-4 weeks for your reward to display on <a href="http://MyCigna.com">MyCigna.com</a>.</li> <li>• The preventative visit must be coded as "Preventative Annual Visit" or "Preventative Well-Woman OB/GYN Exam". Rewards are NOT earned for diagnostic office visits. Questions: call your doctor's office or Cigna to ensure the claim has been processed correctly.</li> <li>• Tip: Complete your Preventive Care visits early in the year! You do not have to wait a full 12 months from your last preventative care visit in order to receive coverage.</li> </ul>	<p><b>\$75 dollars</b></p>
<p><b>MyCigna Health Assessment:</b> A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health.</p> <ul style="list-style-type: none"> <li>• To complete your online health assessment, log in to <a href="http://MyCigna.com">MyCigna.com</a> and select the "Wellness" tab. Then choose "Take My Health Assessment."</li> <li>• As a reminder and to protect your privacy, anyone taking the health assessment needs to register on MyCigna, and then log in with their own user ID and password.</li> <li>• Once your health assessment has been completed it can take up to 4-7 business days for your reward to display on <a href="http://MyCigna.com">MyCigna.com</a></li> </ul>	<p><b>\$25 dollars</b></p>
<p><b>Apps and Activities:</b> Get connected! Have fun and earn rewards on Apps and Activities (6 activities per year). Explore the top health devices and apps to help you stay motivated and challenge yourself.</p> <ul style="list-style-type: none"> <li>• Select healthy activities, complete them each week and make progress toward earning MotivateMe incentives. Take part in even more fun, game-like activities that challenge them to meet health goals. Track progress using a wider variety of connectable apps.</li> <li>• To access, go to <a href="http://myCigna.com">myCigna.com</a>, to "Apps &amp; Activities" under the Wellness tab. You can also download the Cigna Apps &amp; Activities app from your App store or Google Play, it's free!</li> <li>• You will have the ability to engage in up to 6 activities, earning \$20/stars for each activity with the potential to earn up to \$120 total dollars.</li> <li>• The Apps and Activities reward is earned in the form of stars. To earn stars, one must commit to doing one activity at least four times a week.</li> <li>• A max of 5 stars can be earned in a week based on activity. Once 20 stars have been earned, the goal will be triggered as completed. <i>It will take at least 4 weeks to earn 20 stars.</i></li> <li>• To earn the max reward of \$120 total dollars, you will need to earn \$20/stars 6 times.</li> <li>• Once your Activities have been completed it can take up to 4-7 business days for your reward to display on <a href="http://MyCigna.com">MyCigna.com</a></li> </ul>	<p><b>Complete 6 activities (earn \$20 for each activity) to achieve a max of \$120</b></p>

MotivateMe Incentive Activities	Reward Value
<p><b>Omada Diabetes Prevention Program</b>            This program is available to pre-diabetics only. For those that meet the program participation criteria, one must complete 9 of the 16 lessons to earn the reward. To be eligible for this program one must meet the following criteria:            Age 18+ <u>and</u> BMI of 25 or higher (23 or higher for Asian population)  <u>Plus</u>, one or more:</p> <ul style="list-style-type: none"> <li>• Prediabetes diagnosis</li> <li>• High triglycerides</li> <li>• Low HDL</li> <li>• High blood pressure</li> <li>• High blood sugar</li> </ul>	<p><b>\$25 for eligible participants</b></p>
<p><b>Total Potential Dollars that can be earned between 7/1/2020 - 6/30/2021!</b></p>	<p><b>\$220 total potential dollars</b></p>

**REDEEM YOUR REWARDS NOW!**

View all of your Incentive Information and the rewards you can earn and redeem:



**MyCigna.com**

Look under Wellness Tab for “Incentive Awards”

To redeem your debit and/or gift card once you earn the reward, Look for “Redeem Your Dollars”



**Questions? Call the Cigna customer service number.**

It’s on the back of your Cigna ID card



Download the myCigna App



**Frequently Asked Questions:**

**How do I earn debit and/or gift card awards?**

Visit your MotivateMe page to find out if you are eligible for debit and/or gift card awards. By participating in qualifying activities that are geared toward maintaining or improving your health, your award will be applied to your account to redeem debit and/or gift cards. Always check with your doctor before beginning any exercise.

**What if I think my debit and/or gift card award balances are incorrect?**

Balances may not include redemption activity that has occurred within the last 24-48 hours. Please allow up to 48 hours for your balances to update.

**How do I redeem my debit and/or gift card?**

Click the link "Redeem your points" or "Redeem your dollars" which will take you to the page to redeem your debit and/or gift card.



# SIDE BY SIDE DENTAL BENEFIT SUMMARY

Plan Design	BASE PLAN		BUY-UP PLAN	
	Total Cigna DPPO	Out-of-Network	Total Cigna DPPO	Out-of-Network
<b>Calendar Year Maximum</b> (Class I, II, III Expenses)	\$1,000	\$1,000	\$1,000	\$1,000
<b>Calendar Year Deductible</b> Per Individual Per Family	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>				
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-ortho treatment) Non-Routine X-rays	100%, No Deductible	100%, No Deductible	100%, No Deductible	100%, No Deductible
<b>Class II Expenses - Basic Restorative Care</b>				
Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	80%, After Deductible	80%, After Deductible	80%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>				
Relines, Rebases and Adjustments Repairs - Bridges, Crowns and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible	50%, After Deductible	50%, After Deductible
<b>Class IV Expenses - Orthodontia</b>				
Coverage for Eligible Children Only Lifetime Maximum	Not Covered	Not Covered	50%, No Ortho Ded. \$1,000	50%, No Ortho Ded. \$1,000
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	80th Percentile	Based on Contracted Fees	80th Percentile
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level

EMPLOYEE DENTAL DEDUCTIONS		
Bi-Weekly (26 deductions per Year)		
MEMBERS COVERED	BASE	BUY-UP
Employee Only	\$ 4.46	N/A
Employee + Spouse	\$13.38	N/A
Employee + Child(ren)	\$12.49	\$19.36
Employee + Family	\$22.30	\$33.15

\*Please contact the Human Resources Department for a complete Certificate of Coverage

# Routine dental care does more than just brighten your smile.



Research shows that receiving regular dental care can help detect minor problems before they become major and expensive to treat.<sup>1</sup> Also, routine dental exams can help catch serious health problems, such as diabetes, leukemia, heart disease and kidney disease.<sup>1</sup> In fact, some diseases produce oral signs and symptoms.<sup>1</sup> So a healthier mouth may help you have a healthier life.

The Total Cigna Dental PPO (DPPO) network makes it easy to protect your health – and your smile – with the right dental care at the right price. You can choose a dentist from one large network directory that is easily accessible and searchable online. In addition, we offer online tools that allow you to make more informed decisions about your dentist and your dental care.

## Understand how your plan works

When you choose a network dentist, your coverage includes a wide range of eligible services after you satisfy any waiting period and meet your deductible.

Your plan includes coverage for preventive dental care services, including cleanings, x-rays and more, at no additional cost or at a reduced cost to you.\*

\*Most plans limit cleanings and bitewing x-rays to two per calendar year, and full mouth/panorex x-rays to one every three calendar years. See your plan documents for a list of covered and non-covered services under your specific plan.

### Additional considerations:

- Many diagnostic and preventive care procedures are covered at no additional cost or a reduced cost to you.
- For other services, you will usually pay a percentage of the cost – or coinsurance amount – to the dentist at the time of service.
- Your plan has an annual benefits maximum that limits what the plan will pay in covered charges for the plan year.\*\*
- You don't need an ID card to receive dental care.
- You don't need to select a primary care dentist.

- You don't need a referral to receive care from a specialist.

\*\*Depending on your plan, certain services such as covered preventive care services may not be subject to the plan's deductible, coinsurance and/or annual benefits maximum. See your plan materials for the details of your specific dental plan.

## Your access – thousands of dentists, one directory

The Total Cigna DPPO network provides access to the largest network of dentists contracted to discounted fee arrangements.<sup>2</sup> We expect to have a total of 148,000<sup>3</sup> unique dentists available at 384,000<sup>4</sup> office locations. This means more convenience and greater savings for you.

## Within Total Cigna DPPO, we offer two levels:

Cigna DPPO Advantage	Cigna DPPO
95,000 dentists 235,000 locations	50,000 dentists 127,500 locations

All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com** and **myCigna.com**.

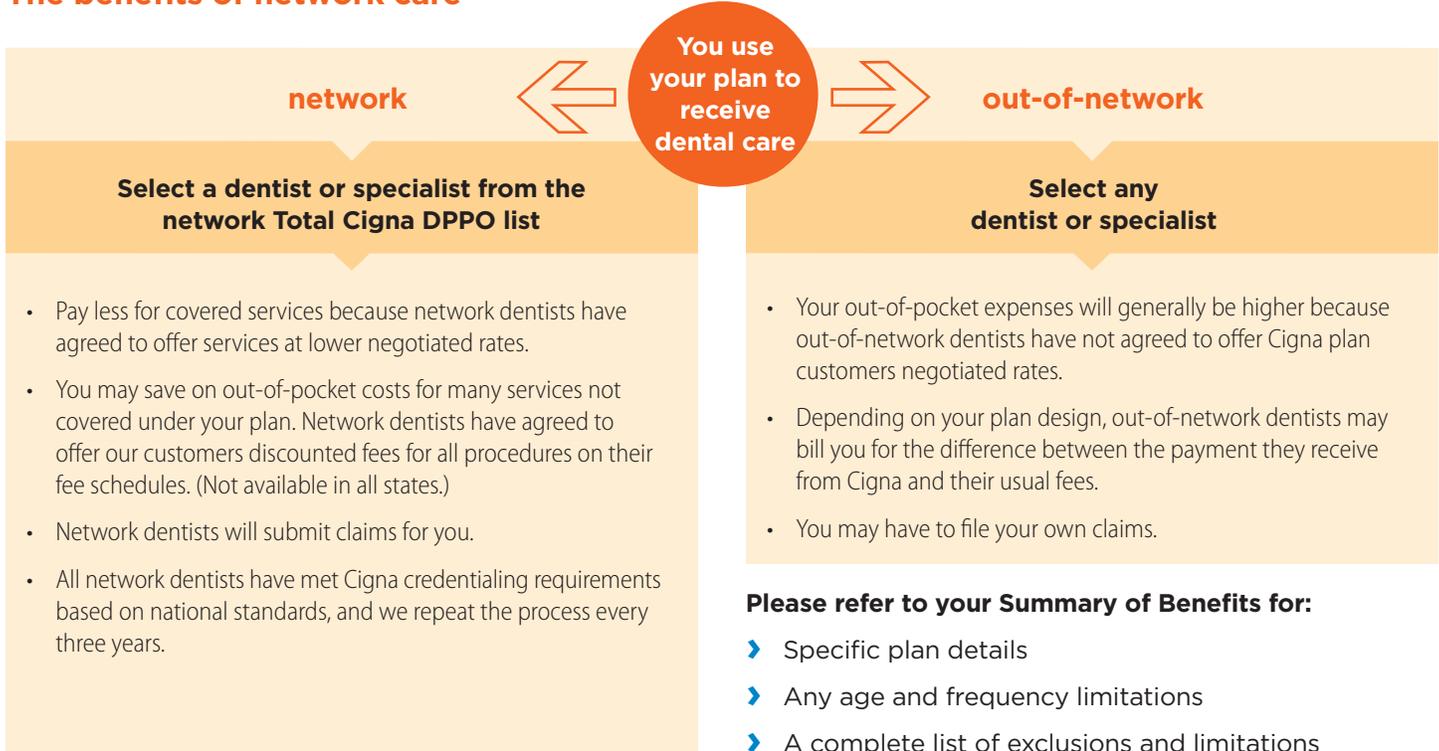
## Additional programs for our DPPO customers



- Enjoy discounts on health-related products and services through Cigna Healthy Rewards®.<sup>6</sup>
- The Cigna Dental Oral Health Integration Program® offers enhanced dental coverage and more for dental customers with any of the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program – those who qualify get reimbursed 100% of coinsurance for certain related dental procedures\*\*\* and are eligible for other perks!

\*\*\* Deductible does not apply. Reimbursement counts toward and is subject to annual benefits maximum for DPPO plans. Review your enrollment materials for complete details and a list of covered services.

## The benefits of network care



## Enroll today

Make sure that you don't miss your opportunity to enroll for this important benefit. All you need to do is:

1. Review your plan materials and consider your family's needs.
2. Complete and sign the enrollment form and return it to your employer.

*If your employer has a different process, follow those instructions.*



### Customer service

866.494.2111

**We offer live customer service 24/7/365 with translation services in 150 languages and dialects**



### myCigna.com

- › Information about dental coverage
- › Claim status
- › Dental office locations
- › Eligibility and plan verification, and much more



## Convenience at your fingertips

At Cigna, we think that dental care should be easy. It should offer the same experience that you expect in other parts of life.

That's why we have online tools to make this possible. These tools are easy and intuitive, built with best practices from the online shopping world. They include:

- › **Brighter Score™.**\* Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- › **Dental office reviews and comparisons.**\* Find information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews.
- › **Enhanced search.** Search for a dentist by service. Information is personalized for your specific plan.
- › **Easy access.** Use these features anytime, anywhere. 24/7 access on the go – on mobile phones or tablets. Use **myCigna.com** or our mobile app.<sup>5</sup>

These tools can help you make better choices for your family.

## After you enroll

Visit **myCigna.com** for more information such as:

- › Plan information
- › Oral Health assessments and quizzes
- › ID Card info
- › Claim information
- › Discounts on a variety of health and wellness products and services<sup>6</sup>

## We are dedicated to providing better savings, better health, and a better experience

Our goal is to support you and your health. With Cigna, you benefit from a large network of dentists, discounted prices on quality dental care, and the tools you need to help you make informed decisions about your dental health. Enroll today and say yes to plans designed to provide better savings, better health and a better customer experience.

\* Actual features may vary by dentist. Experience, rating and review features are provided through Brighter, Inc., an independent company. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.



1. Urse, Geraldine N. "Systemic Disease Manifestations in the Oral Cavity" Osteopathic Family Physician. Vol. 6, No. 3, June 2014.

2. NetMinder. DPPO data as of September 2015, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

3. Projected unique dentists for 2016. Year End. 139,962 total DPPO unique dentists as of 09/21/15.

4. Projected 2016 Year End access points. 359,671 total DPPO access points as of 09/21/15.

5. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

6. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan materials.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental PPO plans are insured or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK – HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); TN – HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



# VISION BENEFIT SUMMARY

COVERAGE	IN-NETWORK BENEFIT***	OUT-OF-NETWORK BENEFIT	FREQUENCY PERIOD**
<b>Exam Copay</b>	\$10 copay	N/A	12 months
<b>Exam Allowance</b> (once per frequency period)	Covered 100% after copay	Up to \$45	12 months
<b>Materials Copay</b>	\$10	N/A	12 months
<b>Eyeglass Lenses Allowances:</b> (once per frequency period)			
Single Vision	Covered 100% after copay	Up to \$32	12 months
Lined Bifocal	Covered 100% after copay	Up to \$55	12 months
Lined Trifocal	Covered 100% after copay	Up to \$65	12 months
Lenticular	Covered 100% after copay	Up to \$80	12 months
<b>Contact Lenses Allowances:</b> (one pair or single purchase per frequency period)			
Elective	Up to \$130	Up to \$105	12 months
Therapeutic	Covered 100%	Up to \$210	12 months
<b>Frame Retail Allowance</b> (once per frequency period)	Up to \$130	Up to \$71	24 months

\*\*Your Frequency Period begins on January 1 (Calendar year basis)

**Definitions:**

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of charges Cigna will pay. You are financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. You are financially responsible for any amount over the allowance.

**Materials:** eyeglass lenses, frames, and/or contact lenses.

To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.

If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

**In-Network Coverage Includes\*\*\*:**

One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;

One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)

Polycarbonate lenses for children under 18 years of age

Oversize lenses

Rose #1 and #2 solid tints

Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or

Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

\* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

\*\*\* Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

EMPLOYEE VISION DEDUCTIONS	
Bi-Weekly (26 deductions per Year)	
MEMBERS COVERED	COST
Employee Only	\$2.84
Employee + Spouse	\$4.97
Employee + Child(ren)	\$5.40
Employee + Family	\$8.24

# VISION BENEFIT SUMMARY



Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

## Healthy Rewards® - Vision Network Savings Program:

When you see a Cigna Vision Network Eye Care Professional\*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

## What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

## How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

### 1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

- Log into [myCigna.com](http://myCigna.com), "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
- Don't have access to [myCigna.com](http://myCigna.com)? Go to [Cigna.com](http://Cigna.com), top of the page select "Find A Doctor, Dentist or Facility", click Cigna Vision Directory, under Additional Directories.
- Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

### 2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

### 3. Out-of-network plan reimbursement

## How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to [Cigna.com](http://Cigna.com) and go to Forms, Vision Forms
- Go to [myCigna.com](http://myCigna.com) and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Healthy Rewards® - Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.



# SEE THE DIFFERENCE

with Cigna Vision.

A regular eye exam is important for keeping your eyes healthy. Eye diseases like glaucoma, cataracts and macular degeneration can affect the way you see. Schedule some time with an eye doctor for a vision and eye-health exam.

## Eye-opening information

A routine eye and vision exam can help your doctor test your vision and spot the early stages of eye disease. It's important to get your eyes dilated during the exam. This can help spot certain eye diseases, including the early stages of diabetes.

## Keep an eye on your kids

Eye exams aren't just for adults. They're also important for children. According to the American Optometric Association, one in four children has a vision problem that can affect their learning.\*\*

Your kids may get a vision test at school or at their pediatrician's office. But these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialists can help check your child's vision and eye health.

## Make the most of your vision coverage

With your vision plan through Cigna, you and your covered family members have access to quality vision care. Your plan provides coverage for routine eye exams and may include glasses and/or contact lenses. Check your plan materials for details.

Also, make sure you know the difference between in-network and out-of-network coverage.



The inability of the eye to clearly focus on objects, known as a refractive error, is one of the most common and correctable causes of visual impairment in the United States.\*

**In-network:** You'll save the most money if you pick an eye doctor from Cigna Vision's large network. And you'll have lots of choices. We offer one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.\*\*\*

**Out-of-network:** If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. To get reimbursed, you'll need to submit a Cigna Vision claim form with an itemized receipt. You can find the claim form on [myCigna.com](https://mycigna.com) on the "Forms" page. The whole amount may not be covered. You're responsible for paying any charges not covered under your plan.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company.

## Finding an eye doctor

Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans.

Choosing an eye doctor is easy with Cigna. There are three ways to find a quality in-network eye doctor in your area:

1. Log into **myCigna.com**, click “Coverage”, and select “Vision page”. Click on “Visit Cigna Vision”. Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision Directory.
2. Don’t have access to **myCigna.com**? Go to **Cigna.com**. At the top of the page select “Find A Doctor, Dentist or Facility”, then click “Cigna Vision Directory”, under Additional Directories.
3. Call the toll-free number found on your Cigna Vision ID card and talk with a Cigna customer service representative.

## Looking for help?

If you have questions, we’ve got answers. Our customer service representatives can help you find a doctor and answer questions about coverage and claims.

Call the toll-free number found on your Cigna Vision ID card to talk with a Cigna customer service representative.

Or visit **myCigna.com** for personalized plan information.

## What’s Not Covered

Plan deductibles, coinsurance, copays, frequency limitations, allowances, and options may apply. In general, Cigna Vision plans do not cover the following: (a) Orthoptic or vision training and any associated supplemental testing; (b) Medical or surgical treatment of the eyes; (c) Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; (d) Any injury or illness when paid or payable by Workers’ Compensation or similar law, or which is work-related; (e) Charges in excess of the usual and customary charge for the Service or Materials; (e) Charges incurred after the policy ends or the insured’s coverage under the policy ends, except as stated in the policy; (f) Experimental or non-conventional treatment or device (g) Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage; (h) VDT (video display terminal)/computer eyeglass benefit; and (i) Claims submitted and received in excess of twelve (12) months from the original Date of Service. Depending on the terms of your specific plan, the following also may not be covered: (a) Any non-prescription eyeglasses, lenses, or contact lenses; (b) Spectacle lens treatments, “add-ons”, or lens coatings not shown as covered in the Schedule of Vision Coverage; (c) Prescription sunglasses; (d) Two pair of glasses, in lieu of bifocals or trifocals; and (e) Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage. Your vision plan’s actual terms may vary. Refer to your plan documents for the coverage details of your specific vision plan.

\* CDC Vision Health Initiative: Common Eye Disorders, Web. Page last reviewed/updated September 29, 2015.

\*\* Heiting OD, Gary. “Vision Problems of Schoolchildren” All About Vision. April 2017.

\*\*\* NetMinder 9/2018. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

Product availability may vary by location and plan type and is subject to change. All group vision insurance policies and vision benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your enrollment materials. The eye care professionals and facilities that participate in the Cigna Vision network are independent practitioners solely responsible for the treatment and services provided to their patients. Eye care professionals are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC). Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Below is a brief description of Harris County's group life insurance policy issued to your employer by MetLife. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



### Active Employees -

<b>Premium Contributions:</b>	<b>Harris County pays 100% of the cost for Your Basic Life and AD&amp;D Insurance.</b>
<b>Life Insurance Amount:</b>	\$13,000
<b>AD&amp;D Amount:</b>	\$13,000
<b>Reductions in Insurance:</b>	Life and AD&D insurance reduces by 35% at age 65, 60% at age 70 and 75% at age 75.

### **Continuation of Life insurance While totally disabled as defined by the Group Policy:**

Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic Term Life Plan for 1 year and it is only available to the employee.

### **Seat Belt Benefit:**

The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt. In such case, his or her benefit can be increased by 10 percent of the Full Amount - but not less than \$1,000.

### **Portability (included):**

The option to continue term insurance under a different policy when coverage terminates. Minimums, maximums and other conditions apply.

### **Grief Counseling:**

Grief Counseling is included with Basic Life at no additional cost to the employer or the employee. Please see page 16 for more information.

### **Actively at Work:**

If you have not been **ACTIVELY AT WORK** within the last **6 months** your life insurance coverage will terminate. To continue coverage you must elect a portability or conversion option within 30 days of your coverage terminating.

**Life Insurance Amount:**

**Employee:** Increments of \$10,000 to a maximum of \$500,000. Not to exceed five times annual salary.

**Spouse:** Increments of \$5,000 to a maximum of \$100,000.

**Child:** \$10,000

**Note:** Spouse and Child Life amount cannot exceed 50% of employee’s elected amount.



**Guaranteed Issue Amounts** *(available at initial offering only)*

**Employee** (under 60): **\$100,000**

**Spouse** (under 60): **\$ 25,000**

**Child:** **\$ 10,000**

No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee

**Benefit Reduction Schedule:**

No Age Reduction.

**Continuation of Life insurance while totally disabled as defined by the Group Policy:**

Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic Term Life Plan for 1 year and it is only available to the employee.

**Portability (included):**

The option to continue term insurance under a different policy when coverage terminates. Minimums, maximums and other conditions apply.

**Accidental Death & Dismemberment (AD&D): Matches Life Amount**

AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. The benefit amount is equal to the life amount elected by you. Cost included in the rates below.

**Table of Covered Losses for AD&D:**

Covered Loss	Supplemental AD&D	Supplemental Dependent AD&D
Life	100%	100%
Hand	50%	50%
Foot	50%	50%
Arm	75%	75%
Leg	75%	75%
Sight of One Eye	50%	50%
Combination of a Hand, Foot, and/or Eye	100%	100%
Thumb & Index Finger on the Same Hand	25%	25%
Speech and Hearing	100%	100%
Paralysis of Both Arms and Both Legs	100%	100%
Brain Damage	100%	100%

\*Maximum Amount payable for all Covered Losses sustained in one accident is capped at 100% of the Full Amount

**Actively at Work:**

If you have not been ACTIVELY AT WORK within the last **6 months** your life insurance coverage will terminate. To continue coverage you must elect a portability or conversion option within 30 days of your coverage terminating.

EMPLOYEE LIFE and AD&D OPTIONS				BI-WEEKLY DEDUCTIONS (26 / Year)			
AGE	< 35	35-39	40-44	45-49	50-54	55-59	60+
\$10,000	\$0.52	\$0.58	\$0.80	\$1.08	\$1.72	\$2.78	\$3.72
\$20,000	\$1.03	\$1.16	\$1.60	\$2.16	\$3.43	\$5.56	\$7.43
\$30,000	\$1.55	\$1.74	\$2.40	\$3.24	\$5.15	\$8.34	\$11.15
\$40,000	\$2.07	\$2.33	\$3.19	\$4.32	\$6.87	\$11.11	\$14.86
\$50,000	\$2.58	\$2.91	\$3.99	\$5.40	\$8.58	\$13.89	\$18.58
\$60,000	\$3.10	\$3.49	\$4.79	\$6.48	\$10.30	\$16.67	\$22.29
\$70,000	\$3.62	\$4.07	\$5.59	\$7.56	\$12.02	\$19.45	\$26.01
\$80,000	\$4.14	\$4.65	\$6.39	\$8.64	\$13.74	\$22.23	\$29.72
\$90,000	\$4.65	\$5.23	\$7.19	\$9.72	\$15.45	\$25.01	\$33.44
\$100,000	\$5.17	\$5.82	\$7.98	\$10.80	\$17.17	\$27.78	\$37.15
\$110,000	\$5.69	\$6.40	\$8.78	\$11.88	\$18.89	\$30.56	\$40.87
\$120,000	\$6.20	\$6.98	\$9.58	\$12.96	\$20.60	\$33.34	\$44.58
\$130,000	\$6.72	\$7.56	\$10.38	\$14.04	\$22.32	\$36.12	\$48.30
\$140,000	\$7.24	\$8.14	\$11.18	\$15.12	\$24.04	\$38.90	\$52.02
\$150,000	\$7.75	\$8.72	\$11.98	\$16.20	\$25.75	\$41.68	\$55.73
\$160,000	\$8.27	\$9.30	\$12.78	\$17.28	\$27.47	\$44.46	\$59.45
\$170,000	\$8.79	\$9.89	\$13.57	\$18.36	\$29.19	\$47.23	\$63.16
\$180,000	\$9.30	\$10.47	\$14.37	\$19.44	\$30.90	\$50.01	\$66.88
\$190,000	\$9.82	\$11.05	\$15.17	\$20.52	\$32.62	\$52.79	\$70.59
\$200,000	\$10.34	\$11.63	\$15.97	\$21.60	\$34.34	\$55.57	\$74.31
\$210,000	\$10.86	\$12.21	\$16.77	\$22.68	\$36.06	\$58.35	\$78.02
\$220,000	\$11.37	\$12.79	\$17.57	\$23.76	\$37.77	\$61.13	\$81.74
\$230,000	\$11.89	\$13.38	\$18.36	\$24.84	\$39.49	\$63.90	\$85.45
\$240,000	\$12.41	\$13.96	\$19.16	\$25.92	\$41.21	\$66.68	\$89.17
\$250,000	\$12.92	\$14.54	\$19.96	\$27.00	\$42.92	\$69.46	\$92.88

SPOUSE LIFE and AD&D OPTIONS				BI-WEEKLY DEDUCTIONS (26 / Year)			
(Based on Spouse Age)							
AGE	< 35	35-39	40-44	45-49	50-54	55-59	60+
\$5,000	\$0.26	\$0.29	\$0.40	\$0.54	\$0.86	\$1.39	\$1.86
\$10,000	\$0.52	\$0.58	\$0.80	\$1.08	\$1.72	\$2.78	\$3.72
\$15,000	\$0.78	\$0.87	\$1.20	\$1.62	\$2.58	\$4.17	\$5.57
\$20,000	\$1.03	\$1.16	\$1.60	\$2.16	\$3.43	\$5.56	\$7.43
\$25,000	\$1.29	\$1.45	\$2.00	\$2.70	\$4.29	\$6.95	\$9.29
\$30,000	\$1.55	\$1.74	\$2.40	\$3.24	\$5.15	\$8.34	\$11.15
\$35,000	\$1.81	\$2.04	\$2.79	\$3.78	\$6.01	\$9.72	\$13.00
\$40,000	\$2.07	\$2.33	\$3.19	\$4.32	\$6.87	\$11.11	\$14.86
\$45,000	\$2.33	\$2.62	\$3.59	\$4.86	\$7.73	\$12.50	\$16.72
\$50,000	\$2.58	\$2.91	\$3.99	\$5.40	\$8.58	\$13.89	\$18.58
\$55,000	\$2.84	\$3.20	\$4.39	\$5.94	\$9.44	\$15.28	\$20.43
\$60,000	\$3.10	\$3.49	\$4.79	\$6.48	\$10.30	\$16.67	\$22.29
\$65,000	\$3.36	\$3.78	\$5.19	\$7.02	\$11.16	\$18.06	\$24.15
\$70,000	\$3.62	\$4.07	\$5.59	\$7.56	\$12.02	\$19.45	\$26.01
\$75,000	\$3.88	\$4.36	\$5.99	\$8.10	\$12.88	\$20.84	\$27.87
\$80,000	\$4.14	\$4.65	\$6.39	\$8.64	\$13.74	\$22.23	\$29.72
\$85,000	\$4.39	\$4.94	\$6.79	\$9.18	\$14.59	\$23.62	\$31.58
\$90,000	\$4.65	\$5.23	\$7.19	\$9.72	\$15.45	\$25.01	\$33.44
\$95,000	\$4.91	\$5.52	\$7.59	\$10.26	\$16.31	\$26.40	\$35.30
\$100,000	\$5.17	\$5.82	\$7.98	\$10.80	\$17.17	\$27.78	\$37.15

DEPENDENT LIFE and AD&D OPTIONS		BI-WEEKLY DEDUCTIONS (26 / Year)	
<b>\$10,000</b>		<b>- \$1.11</b>	



**Long Term Disability Insurance** is designed to provide income protection in the form of a monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not to provide direct payment for basic hospital, basic medical-surgical or major medical expenses. Instead, approved payments are made directly to you when you are not able to work. Disability means that, during an own-occupational period, an employee is unable to perform all material and substantial duties of his or her regular occupation, which results in at least a 20 percent loss in pre-disability earnings. During an any-occupational period, an employee is unable to perform the material and substantial duties of any gainful occupation, which results in at least a 40 percent loss in pre-disability earnings. The employee must also be receiving regular care from a physician for the illness or injury. Pregnancy or complications of pregnancy are covered the same as an illness.



● **Eligibility**

All active full time employees working 30 or more hours per week

● **Benefit Amount**

**50%** of your basic monthly income (Max. - \$4,000). The benefit amount is the payment an employee will receive should he or she become disabled as provided under the policy. The monthly benefit is reduced by any deductible income the employee receives or is eligible to receive as part of the disability.

● **Elimination Period**

**90 days.** The elimination period is how long an employee must be disabled before benefits begin.

● **Pre-Existing Conditions**

A pre-existing condition is an illness or injury for which treatment was received or symptoms were present, as defined under the policy, during the 12 months of time prior to the employee’s effective date. A disability that begins within **12 months** after the employee’s effective date will not be covered if it results from a pre-existing condition.

## HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

$$\frac{\text{Annual Salary}}{100} \div 100 = \text{Annual Salary} \times \text{AGE RATE} = \text{Annual Cost}$$

(Use Table Below)

$$\frac{\text{Annual Cost}}{\# \text{ Paychecks per Year}} = \text{Cost per Paycheck*}$$

**AGE RATES**

Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65 +
\$0.140	\$0.290	\$0.400	\$0.730	\$0.970	\$1.340	\$1.190	\$0.730

# FLEXIBLE SPENDING ACCOUNT (FSA)



A Flexible Spending Account (FSA) allows you to set aside money, before it is taxed, in order to pay for medical, dental and vision expenses not covered through your insurance benefit plans (i.e. copays, deductibles, coinsurance, etc.). FSA's provide you with a smarter way to stretch your health care dollars. You may use the FSA on your spouse and/or children even if they are not covered under any of the County benefit plans (you don't even have to be enrolled).

**FSA Annual Minimum Election: \$260 Annually** (\$10.00 / Bi-Weekly / 26 deductions per year)

**FSA Annual Maximum Election: \$2,750 Annually** (\$105.76 / Bi-Weekly / 26 deductions per year)

## Here's how it works:

Estimate how much money you will spend in the coming year for eligible healthcare expenses. Once calculated, the FSA allows you to set aside a portion from your check each payday (*example: if you elect \$650 annual then the County will deduct \$25 out of each pay check the entire year for 26 pay periods*). The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means the FSA is tax-free. You will then receive a debit card that will be loaded with the entire annual amount you have elected. You are then eligible to use the card to pay for health care expenses during the year. Think of it like a tax free loan!

**Rollover Feature:** With our FSA you may rollover up to \$500 of unused monies from one plan year to the next if you continue to participate.

## RUNOUT PERIOD:

You may file for a reimbursement on an qualified unpaid FSA expense even after the year has ended but must do so within 90 days (this means you have until September 30th of each year to file). As an example, if you had a charge in December that was eligible for reimbursement (where you did not use your debit card) you can request for a reimbursement out of your account by completing a paper FSA claim form but would need to do so by September 30th. Forms can be provided by contacting MSI Benefits Group.

### More Convenience

- › Your FSA account is integrated with your benefit information, so it's easy to manage both in one convenient place: [myCigna.com](http://myCigna.com).
- › Use your health care debit card for immediate access to your FSA funds.
- › You can also submit your FSA reimbursement claims with our simple-to-use online claim form.
- › Monitor your account from almost anywhere with the Cigna Mobile App.
- › You'll have immediate access to all the money in your FSA account from the first day.

### Less Hassle

- › With the carryover, you won't have to rush to spend every dollar before year's end
- › Estimate contributions and calculate potential tax savings at [cigna.com/fsacalc](http://cigna.com/fsacalc).
- › Count on Cigna 24/7/365 for expert guidance.
- › Contact Customer Service: 1.800.244.6224

## CHANGING YOUR ELECTION:

- You can change your election once a year during the open enrollment period.
- It is important to know that federal law places restrictions on changing your election at other times during the year. For this reason, if you participate in the program, you are generally not allowed to change or cancel the amount you allocate until the next annual enrollment period.
- The events that might permit you to make a change are: Family status changes, including your marriage or divorce, the birth or adoption of a child, or the death of your spouse or dependent.

**Note:** Keep in mind that the only requirement is that the change you make must be consistent with the particular event that has occurred.

## IMPORTANT RULES:

You will be allowed to carry over up to \$500 of your account balance (unused funds) into the next plan year if you continue to participate in the FSA Program. The IRS requires that any unused portion of your account balance above \$500 remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. The "run out period" after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

# FLEXIBLE SPENDING ACCOUNT (FSA)

**Below is a partial list of eligible and ineligible expenses under the FSA program:**

ELIGIBLE EXPENSES		INELIGIBLE EXPENSES
<p><b>Medical Expenses</b></p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Alcoholism treatment</li> <li>• Ambulance</li> <li>• Artificial limbs</li> <li>• Autoette/wheelchair</li> <li>• Bandages</li> <li>• Breast reconstruction Surgery (following mastectomy from cancer)</li> <li>• Birth control pills</li> <li>• Braille book and magazines</li> <li>• Chiropractor</li> <li>• Christian science Practitioner</li> <li>• Crutches</li> <li>• Diagnostic services</li> <li>• Disabled dependent medical care</li> <li>• Drug addiction treatment</li> <li>• Drugs and medicines</li> <li>• Fertility treatment</li> <li>• Guide dog</li> <li>• Hearing aids</li> <li>• Home care</li> <li>• Hospital services</li> <li>• Laboratory fees</li> <li>• Lead based paint removal</li> <li>• Maternity care &amp; related services</li> <li>• Meals for inpatient</li> <li>• Medical information plan</li> <li>• Medical services (i.e. physician, surgeon, etc.)</li> <li>• Nursing home</li> <li>• Nursing services</li> </ul>	<ul style="list-style-type: none"> <li>• Operations</li> <li>• Organ donor's medical expenses</li> <li>• Osteopath</li> <li>• Oxygen</li> <li>• Prosthesis</li> <li>• Psychoanalysis</li> <li>• Psychologist</li> <li>• Special education</li> <li>• Sterilization</li> <li>• Stop-smoking programs</li> <li>• Surgery</li> <li>• Telephone/television for hearing-impaired</li> <li>• Therapy</li> <li>• Transplants</li> <li>• Transportation for medical care</li> <li>• Vasectomy</li> <li>• Weight-loss program (specific disease diagnosed by doctor)</li> <li>• Wheelchair</li> <li>• Replacement hair lost due to illness</li> <li>• X-ray</li> </ul> <p><b>Dental expenses</b></p> <ul style="list-style-type: none"> <li>• Artificial teeth</li> <li>• Dental treatment</li> </ul> <p><b>Eye care expenses</b></p> <ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact lenses</li> <li>• Prescription sunglasses</li> <li>• Eye examinations</li> <li>• Eye surgery (for example, LASIK)</li> <li>• Optometrist</li> </ul>	<ul style="list-style-type: none"> <li>• Babysitting, childcare, and nursing services for a normal, healthy baby</li> <li>• Controlled substances without a prescription</li> <li>• Cosmetic surgery</li> <li>• Dancing lessons</li> <li>• Diaper services</li> <li>• Electrolysis or hair removal</li> <li>• Funeral expenses</li> <li>• Hair transplant</li> <li>• Health club dues</li> <li>• Health coverage tax credit</li> <li>• Household help</li> <li>• Illegal operations and treatments</li> <li>• Insurance premiums (for example, HMO premiums, Employer sponsored health insurance plan premiums)</li> <li>• Maternity clothes</li> <li>• Medical savings account (MSA)/health saving account (HSA) contributions</li> <li>• Medicare B and D premiums</li> <li>• Nutritional supplements</li> <li>• Over-the-counter medications</li> <li>• Personal use items</li> <li>• Swimming lessons</li> <li>• Teeth whitening</li> <li>• Veterinary fees</li> <li>• Weight-loss program not part of specific disease treatment</li> </ul>

## Health Care FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	<b>(A)\$</b>	<b>(B)\$</b>	<b>(C)\$</b>
Total cost of health care expenses for the plan year (A)+(B)+(C)	<b>(D)\$</b>		
Maximum permitted Health FSA annual election	<b>(E) \$2,750</b>		
Election amount. Enter (D) or (E), whichever is less	<b>(F)\$</b>		
Number of pay periods in a plan year	<b>(G) 26 - Bi-Weekly</b>		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## HARRIS COUNTY HEALTH PLAN

### **Introduction**

You are receiving this notice because you have recently become eligible for the Harris County health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### **You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Harris County Commissioners Office, Kris Summerall, P.O. Box 365, Hamilton, GA 31811.**

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan Contact Information**

Information about the plan and COBRA continuation coverage can be obtained on request from:

### **Harris County Commissioners**

**Kris Summerall**

**P.O. Box 365**

**Hamilton, GA 31811**

**Phone: 706-628-4958**

# BENEFIT ELECTIONS and COSTS

You may use this form to record your benefit elections and costs.

Type of Benefit	Benefit Plan	Coverage Level / Covered Amount	Deduction Amount
Medical			
Dental			
Vision			
Basic Life Insurance	100% Employer Paid		
Supplemental Term Life and AD&D			
Spousal Supplemental Term Life and AD&D			
Dependent Supplemental Life and AD&D			
Short Term Disability (STD)			
Long Term Disability (LTD)			
Flexible Spending Account (FSA)			
		<b>Total Per Pay Cost:</b>	
		<b>Total Annual Cost:</b>	

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# IMPORTANT CONTACT INFORMATION

## HARRIS COUNTY

Kris Summerall  
Human Resources Account Specialist  
Tel: 706-628-4598  
[ksummerall@harriscountyga.gov](mailto:ksummerall@harriscountyga.gov)

## MEDICAL / DENTAL / VISION PLANS

Cigna  
Medical - Customer Service  
Tel: 866-494-2111  
Dental/Vision - Customer Service  
Tel: 1-800-244-6224 (CIGNA24)  
Cigna Home Delivery Pharmacy  
Tel: 800-285-4812  
Cigna Behavioral Health  
Tel: 866-494-2111  
[www.mycigna.com](http://www.mycigna.com)

## FLEXIBLE SPENDING ACCOUNT (FSA)

Cigna  
Tel: 800-244-6224  
[www.mycigna.com](http://www.mycigna.com)

## MSI BENEFITS GROUP, INC.

Administrative Contact  
Tel: 800-580-1629 / 770-425-1231  
Fax: 800-580-2675 / 770-425-4722  
Email: [helpme@msibg.com](mailto:helpme@msibg.com)  
[www.msibg.com](http://www.msibg.com)

To view copies of all certificates of coverage and plan documents go to:

[www.msibg.com](http://www.msibg.com)

Click on "Client Portal" at the top right of page

Username: **harrisEE**

Password: **Benefits123**

## LIFE INSURANCE

MetLife  
Tel: 800-638-5000  
Grief Counseling  
Tel: 855-609-9989  
[www.metlife.com](http://www.metlife.com)

## SHORT TERM / LONG TERM DISABILITY

MetLife  
Customer Service  
Tel: 800-858-6506  
[www.metlife.com](http://www.metlife.com)



**MSI Benefits Group**  
245 TownPark Drive, Suite 100  
Kennesaw, GA 30144  
Tel: 800-580-1629 / 770-425-1231  
Fax: 800-580-2675 / 770-425-4722  
[www.msibg.com](http://www.msibg.com)

